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Bib Data Sheet

CONFIRMATION NO. 5708

SERIAL NUMBER 09/960,560	FILING DATE 09/21/2001 RULE	CLASS 455	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 01-319 / 1496.00134
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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/18/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Digitally calibrated narrowband filter with analog channel compensation

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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